Division o	f Health Service Re	equiation	Company of the second	E PONOTRICTION	(X3) DATE SURVEY
OTALEMENT OF PRICE PROCES		A. BUILDING:	E CONSTRUCTION 01	COMPLETED	
MINE PERMIC	A COMMENTAL		C BULLDING:	w1	
		HA3.012004	B. WING		12/29/2015
NAME OF P	TOVIDER OR SUPPLIER	STREET ADD	MESS, CITY, S	STATE, ZIP CODE	
MCAL DIN	E ADULT CARE	3806 KATI			
MCALPIN			TON, NC 28	PROVIDER'S PLAN OF CORRECT	ION (X9)
(X4) ID PREFIX TAG	(FACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL BC (DENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE
€ 000	Initial Comments		C 000		,
	Report of Blennial ( Harrell and Bob Ge	Construction Survey by Dennis stohell on 12-29-2015.			
;	5-1-1977. The faci Based on this infor to meet the 1977 M Standards and Reg Aged and Infirm an	his facility was first licensed on lity is licensed for 60 beds, mation, the facility is required finimum and Desired guistions for Homes for the nd the 1967 Edition of the North ding Code Group D			
G 111	Must Mays Current	t San. & Fire Safety Reports	C 111		
	10A NCAC 13F .03 CONSTRUCTION f) The facility shall fire and building sa				
	Based on a review sanitation report to	net as evidenced by: of documents, the most recent of the building was dated ation inspections are required at			
C 133	Bathrooms-Hand	Grips	C 133		
	10A NCAC 13F.0 ENVIRONMENT (e) The requirement rooms are: (6) Hand grips sh	ents for bathrooms and tollet all be installed at all and showers used by or			
Division of t	teatin Service Regulation	0	· ·	O 70715	(SE) DATÎN

STATE FORM

Division of Health Service Re	dulation		T COMMEDIACTION	(X3) DATE SURVEY
O INTERNATION OF CHEFFICIED		(X2) MULTIPLE CONSTRUCTION		COMPLETED
AND PLAN OF CORRECTION		A. BUILDING: 01		
	HAL012004	e. WING		12/29/2015
NAME OF PROVIDER OR SUPPLIER	STREET ADS	DRESS, CITY,	STATE, ZIP CODE	
	3806 KATI			
MCALPINE ADULT CARE	MORGAN'	TON, NO 2	8655	
CEACH DEFICIENCY	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	PREFIX TAG	PROVIDERS PLAN OF CORREC (BACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETE
This Rule is not m Based on observat missing at a tollet i	3 Continued From page 1  This Rule is not met as evidenced by: Based on observation, the hand grips were missing at a tollet in the big men's bathroom and at a tollet in a bathroom near bedroom 14.		will place haralyon	8 boj 2/25/14
C 164 Housekeeping and	Furnishings-Clean, Repaired	Q 164		l
SECTION .0300 - 10A NCAC 13F .03 FURNISHINGS (a) Adult care hom (1) have waits, cel coverings kept clei (2) have no chron (3) have furniture (e) This Rule shall	PHYSICAL PLANT 306 HOUSEKEEPING AND see shall: ilings, and floors or floor an and in good repair; io unpleasant oders; clean and in good repair; I apply to new and existing			
Based on obse clean in at least be	net as evidenced by: rvation, the floor was not kept adroom 8. rvation, the facility was not kept		will Replace / report	r slats and
in good repair. Findings include: a. A stat was brok door in bedroom 1	en out of the louvered closet 3, en out of the louvered closet			July 2 / 2 / 2 /
in good repair. Findings include: a. Handle missing bedroom 14.	g from drawer on night stand in		Will regain finishan	and hande /28/16
	wood furniture in bedroom 11, wood furniture in bedroom 14.		W. W Regain Phillian	URUSO 2/28/16

	of Health Service Re	quiation		PLE CONSTRUCTION	Local battle 8	URVEY
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/BUPPLIER/OLIA IDENT/FICATION NUMBER	A. BUILDIN		COMPLE	
MAD L CONT.			Ar Gorana		1	
		HAL012004	5. WING		12/29	/2015
NAME OF F	ROVIDER OR SUPPLIER	\$YREST AD	DRESS, OFF	r, staté, ZIP CODE		
	E ADULT CADE	##1	HY ROAD			
MCALPIN	IE ADULT CARE	MORGAN	ITON, NC		ACCEPTION	euen .
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SO IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDENTS PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REPERENCED TO THE DEFICIENCY	ON SHOULD BE IE APPROPRIATE	OMPLETE DATE
C 164	Continued From pa	ope 2	C 164	111		
	4. Based on obser	vation, the HVAC return its near the ceiling were very		with clan HVAC with hstops at Pr	will discussional	128/16 2)28/16
C 166	Housekeeping-Mai	ntained Free of Hazards	C 166	Vacuum Zema	γ -	~,,
	FURNISHINGS (a) Adult care home (5) be maintained orderly manner, fre hazards;	06 HOUSEKEEPING AND				
	Based on obser padiock on the close 1,2,4,5,9,10 and 12 only be operated for as hasps and padi-	et as evidenced by: rvation there was a hasp and set doors in at least bedrooms 2. Latching hardware that can rom one side of the door, such ocks, present the possibility d be trapped in the closet.		will justall shelf from shauling		l.
	wash wand in the it to reach the sink b breaker provided, are long enough to fixture present the	rvation, the hose on the hair Beauty Salon was long enough asin and there was no vacuum Hoses on water fixtures that reach the flood rim of the possibility of siphoning er into the water system unless is installed.		Vacuum break		
	missing a plate in	rvation, an electrical outlet was bedroom 10. Electrical outlets covers expose residents to		Rplace cover on	wall out	et 2)29/16
	4. Based on obse	rvation, a knockout was	1			

STATEMENT OF DEPICIENCIES AND PLAN OF COPPRECTION  (X1) PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER:  A. BUILDING: B1  B. WING	(X3) DATE SURVEY COMPLETED
HAL012004 B. WING	
HALU12004	3
	12/29/2015
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, 3IP CODE	
2006 KATHY ROAD	1
MCALPINE ADULT CARE MORGANTON, NC 28655	
(X4) IO SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF C PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTIV TAG REQULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE	ON SHOULD BE COMPLETE UB APPROPRIATE DATE
C 166 Continued From page 3 C 166	
missing in a 4 inch electrical junction box in the	fromal June Time
dining room. Unaesled openings in junction boxes expose residents to enrigized wires.	trad June 100 - 2/16/14.
C 189 Building Equipment Maintained Safe, Operating C 189	
SECTION .0300 - PHYSICAL PLANT	
10A NCAC 13F .0311 OTHER REQUIREMENTS	
(a) The building and all fire safety, electrical,	
mechanical, and plumbing equipment in an adult	
care home shall be maintained in a safe and	
operating condition.  (k) This Rule shall apply to new and existing	i
facilities with the exception of Paragraph (*)	
which shall not apply to existing facilities.	
This Rule is not met as evidenced by:	
Based on observation the required one-hour	
fire rated walls and/or ceilings were compromised	
in several locations. Holes and penetrations that	
are not sealed with materials approved for use in one-hour fire rated construction present the	
the state of the s	
quickly apread to other areas of the facility.	offer approved
Findings include: INM papers (Les)	- He c approximately
a. Holes through the 2 hour fire wall,	2/28/14
b. Holes in the ceiling tiles in the Medication ) ) んしん (ムギ Department,	22
c. Holes in the cailing tiles in the kitchen.	
d. Holes in the ceiling tiles in the pantry,	
Holes in the ceiling tiles in bedroom 9,     Moles in the ceiling tiles in bedroom 10	14 / A-
f. Holes in the ceiling tiles in bedroom 10, g. Broken ceiling tiles in bedroom 13.	a spector classes, 11
h. Holes in the wall in the janitor closet,	1 Fr 1644 212811
i. Small ceiling above the water fountain near	10/10/100
f. Holes in the ceiting tiles in bedroom 10, g. Broken ceiling tiles in bedroom 13. h. Holes in the wall in the janitor closet, i. Small ceiling above the water fountain near bedroom 13 is only one layer of ½ inch gypsum wall board,	16" Sheetrock 2/28/

	of Health Service Ro	squiation	11-10-1 to 11-20-20-20-20-20-20-20-20-20-20-20-20-20-	The second second second second	(X3) DATE SURVEY
OTAL EMERT OF DEPOSITOR		(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		COMPLETED	
COMP PERM	or correction		A. HILIEDIYA		
		HAL012004	B. WING		12/29/2015
NAME OF	PROVIDER OR SUPPLIER	STREET AD	ORESS, CITY,	STATE, ZIP CODE	
		3806 KAT			
MCALPI	NE ADULT CARE	MORGAN	TON, NC 2		AND CAR
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF ORFICIENCIES  MUST BE PRECEDED BY FULL  BC IDENTIFYING INFORMATION)	PREPIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE
C 189	Continued From pa	ge 4	C 189		
	<ul> <li>j. Hole in ceiling of</li> <li>k. Portion of ceiling</li> <li>i. This facility is equated auspended or replaced in areas tiprovide verification are fire rated tiles.</li> <li>2. Based on obser devices on the crospartition doors rate activation but then alarm system was open devices must alarm system is full</li> </ul>	outside housekeeping room, g missing in weight room, uipped with a one hour fire alling system. Tiles have been roughout the facility. Please that the replaced ceiling tiles vation, the magnetic hold open as corridor fire and smoke as ed the doors on fire alarm re-energized when the fire silenced. The magnetic hold not re-energize until the fire		thes were prochased the supply in Hilder Short to grove the cho to grove the supply in programme who come the charmes sitemand the plane is repet	nand to
	and an owner, wor above the suspend system. The work duct mounted small maintenance personal tocations of the du-Without knowing they could not be it are not periodically cause the duot details the event of a fire.	k has recently been done led ceilings on the fire alarm included installing or moving ke detectors. The on onsite was not sure of the at mounted smoke detectors, ne locations of the detectors, nepected. Sampling tubes that y inspected and cleaned may ector to not work properly in		Sauger Security has surveyor to disc	
	emergency lights i beauty salon would Battery powered e	rvation, the battery powered in the weight room and the d not work when tested. mergency lights that will not it least 90 minutes could ients and staff.		Lights will be ro	16 × 5 [58/16
	doors are not equi to allow them to le	rvation, the double dining room pped with the proper hardwere toh closed to resist the passage Corridor doors that do not			

	of Health Service Re	equiation	(2-(2) A.H. II TUBA	E COMPTENÇÃO	(X3) DATE BURVEY
STATEMENT OF DEFICIENCIES (X1) PROVIDER/GUPPLIER/CLIA AND PLAN OF CORRECTION UMBER:		(x2) MULTIPLE CONSTRUCTION A. BUILDING: 81		COMPLETED	
AND PLAY	DI COMPLETE POR	Action of the state of the stat	A. BUILDING	. 01	
		HAL012004	B. WING	- 1/2-00/4/4*	12/29/2015
NAME OF F	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE	
		3806 KAT	HY ROAD		
MCALPIN	IE ADULT CARE	MORGAN	TON, NO 28		
(X4) ID PREFIX TAG	/FACH DEFICIENCS	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FLILL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REPERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE
C 189	Centinued From pa	ige 5	C 189		S 110.
		nd latch present the possibility		doors were corrected	with latehing
	that a fee that begin	ns in one space can quickly		0	-11-
	spread to the corrid	for and the remainder of the		revalues	swarts.
	facility.			1 sierre - Demili ( Gross	V Spec
	*			doors wen corrected hardiene to correct door some so the sign of looken a looken	close swars
		vation, the exterior light at the	1	1 10-by a charm	. 2\18\14
		17 would not work.		A LOSSING CO.	' ' [
	evacuation in an ex	paths could delay an			i
	evacuation in an e	mergency.			
	7. Based on obser	rvation, the ¼ inch pressure			a \
	relief valve on the	water heater in the outside		bl. a. Al ha use	O 40
	housekeeping roor	n was piped with ½ inch pipe.		DIN blue MIN IN THE	A
		ves must be connected with	1	a -ite on the Oh	rection - 1- all
	pipe at least as lar	ge as the valve.		Bly pape will be use provide overthow abo	2/28/14
	D. Harad on obsess	rvation, a roof gutter was			, ,
	severaly deteriorat	ed outside the exit near the			
	weight room.	24 000000 011 1111 1111			'
	_		'	. 1 0	1. 0
	9. Based on obse	rvation a tollet was loosely		Au tostets are ch	recherged . a -
		or in the small men's bathroom.	İ	Mrs "Three for U	or tollets
		eause leaking and/or fall			1-1-0-
	hazards.			they don't git	2014-4
	10. Based on obs	ervation another toilet in the		required 2/0/16	′
		oom was "out of order."		0	
				1	1
C 191	Unvented & Portal	ble Élec, Heaters Prohibited	C 191		
		PHYSICAL PLANT			
	10A NCAC 13F .0				
	REQUIREMENTS	a heating system sufficient to			
		es F (24 degrees C) under			1
	winter dealer con-	ditions. In addition, the			
	following shall app	ly to heaters and cooking			
	appliances.	· · · · · · · · · · · · · · · · · · ·			
'		burning room heaters and			
		_		1	

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		Division of Health Service Regulation							
STATEMENT OF DEFICIENCIES (X1) PROVIDER/GUPPLIE/CUIA		(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY OMPLETED							
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:	01						
		HAL012004	5. WING		12/29/2015				
NAME OF D	ROVIDER OR SUFFLIER	STREET ADI	ORESS, CITY, 6	STATE, ZIP CODE					
		3806 KATI							
MCALPIN	IE ADULT CARE	MORGAN	TON, NC 28	655					
(X4) IO PREFIX TAG	(EACH DEFICIENCY	THMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORPECTIV (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEPICIENCY)	D RE COMPLETE				
C 191	Continued From pa	ge 6	C 191						
	portable electric he (k) This Rule shall facilities with the ex- which shall not app This Rule is not me Based on observat to the prohibition of Portable electric he hazard and as such the facility. Finding includes:	aters are prohibited. apply to new and existing toeption of Paragraph (e) ly to existing facilities. et as evidenced by: ton the facility failed to adhere portable electric heaters, eaters are a potential fire a could effect all occupants of		au portsle electro	- hunders 2/8/16.				
C 195	Hot Water System		C 195						
	provide an adequarkitchen, bathrooms closets and soil util temperature at all f be maintained at a (38 degrees C) and F (48.7 degrees C) (k) This Rule shall facilities with the extension of the control	system shall be of such size to be supply of hot water to the i, laundry, housekeeping ity room. The hot water lixtures used by residents shall minimum of 100 degrees F I shall not exceed 116 degrees							
,	Based on observat water leak in the bo	et as evidenced by: ion, there was a serious hot biler room. Because of the to the kitchen had to be turned		bal was fixal	2) e				